

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

101719756
2802

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	4	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	4 minus 20 =	* 0
INDEPENDENT CLAIMS	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

3-17-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 5	Minus ** 20	= -
Independent	* 2	Minus *** 3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL	385	OR	TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

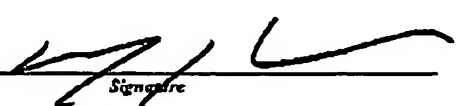
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Small Entity)				Docket No. 2807	
In Re Application Of: CHAE, S., ET AL					
Application No. 10/719,756	Filing Date 11/21/2003	Examiner SREWART, A.	Customer No. 278	Group Art Unit 3738	Confirmation No.
Invention: EXPANDABLE INTERFUSION CAGE					
<u>COMMISSIONER FOR PATENTS:</u>					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>02/08/2005</u> in the above-identified application. Date					
The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input checked="" type="checkbox"/> One month</div><div><input type="checkbox"/> Two months</div><div><input type="checkbox"/> Three months</div><div><input type="checkbox"/> Four months</div><div><input type="checkbox"/> Five months</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>from: <u>MARCH 8, 2005</u> Date</div><div>until: <u>APRIL 8, 2005</u> Date</div></div>					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee for the extension of time is \$60 and is to be paid as follows:					
<input type="checkbox"/> A check in the amount of the fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 19-4675					
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 19-4675					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: MARCH 17, 2005		
cc:			<div style="border: 1px solid black; padding: 5px;"><div style="font-size: x-small;">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1458, Alexandria, VA 22313-1450 [37 CFR 1.8(a)] on</div><div style="border-top: 1px solid black; margin-top: 5px; font-size: x-small;">(Date)</div><div style="border-top: 1px solid black; margin-top: 5px; font-size: x-small;">Signature of Person Mailing Correspondence</div><div style="border-top: 1px solid black; margin-top: 5px; font-size: x-small;">Typed or Printed Name of Person Mailing Correspondence</div></div>		

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